NRC FORM 591M PART 1
(07-2012)
10 CFR 2.201

U.S. NUCLEAR REGULATORY COMMISSION

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED:	2. NRC/REGIONAL OFFICE
Black River Community Medical Center 221 Physicians Park Drive Poplar Bluff, MO 63901 REPORT NUMBER(S) 2012-001	Region III U. S. Nuclear Regulatory Commission 2443 Warrenville Road, Suite 210 Lisle, IL 60532-4352

3. DOCKET NUMBER(S)	4. LICENSE NUMBER(S)	5. DATE(S) OF INSPECTION
030-35968	24-32383-01	July 27, 2012

LICENSEE:

The inspection was an examination of the activities conducted under your license as they relate to radiation safety and to compliance with the Nuclear Regulatory Commission (NRC) rules and regulations and the conditions of your license. The inspection consisted of selective examinations of procedures and representative records, interviews with personnel, and observations by the inspector. The inspection findings are as follows:

✓ 1. Based on the inspection findings, no violations were identified.

2. Previous violation(s) closed.

3. The violations(s), specifically described to you by the inspector as non-cited violations, are not being cited because they were self-identified, non-repetitive, and corrective action was or is being taken, and the remaining criteria in the NRC Enforcement Policy, to exercise discretion, were satisfied.

Non-cited violation(s) were discussed involving the following requirement(s):

4. During this inspection, certain of your activities, as described below and/or attached, were in violation of NRC requirements and are being cited in accordance with NRC Enforcement Policy. This form is a NOTICE OF VIOLATION, which may be subject to posting in accordance with 10 CFR 19.11.
(Violations and Corrective Actions)

Statement of Corrective Actions

I hereby state that, within 30 days, the actions described by me to the Inspector will be taken to correct the violations identified. This statement of corrective actions is made in accordance with the requirements of 10 CFR 2.201 (corrective steps already taken, corrective steps which will be taken, date when full compliance will be achieved). I understand that no further written response to NRC will be required, unless specifically requested.

TITLE	PRINTED NAME	SIGNATURE	DATE
LICENSEE'S REPRESENTATIVE			
NRC INSPECTOR	Andrew Bramnik / Ryan Craffey	Andrew N Bramnik	7/27/12
BRANCH CHIEF	TAMARA BLOOMER	T E Bloomer	8/1/12

NRC FORM 591M PART 3
(07-2012)
10 CFR 2.201

U.S. NUCLEAR REGULATORY COMMISSION

Docket File Information

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030-35968	24-32383-01	July 27, 2012

6. INSPECTION PROCEDURES USED	7. INSPECTION FOCUS AREAS
87131	03.01 - 03.08

SUPPLEMENTAL INSPECTION INFORMATION

1. PROGRAM CODE(S)	2. PRIORITY	3. LICENSEE CONTACT	4. TELEPHONE NUMBER
02120	3	Susan Merick - Director of Clinical Ops	(573) 727-9080

☑ Main Office Inspection Next Inspection Date: July 2015

☐ Field Office Inspection

☐ Temporary Job Site Inspection

PROGRAM SCOPE

This was a routine inspection of a medical clinic that was in transition to become an inpatient hospital. The licensee was authorized to use byproduct material permitted under 10 CFR 31.11, 35.100, 35.200, and 35.300. The licensee's normal staffing level consisted of one full-time nuclear medicine technologist (NMT); however, the licensee's technologist had resigned approximately two weeks before the NRC inspection. The licensee's Director of Clinical Operations was a trained and certified NMT who filled-in with another cross-trained technologist until a full-time NMT could be hired. The licensee administered roughly 200 diagnostic doses per month for cardiac, bone, HIDA, renal, and thyroid scans. The licensee also conducted approximately one administration of I-131 per quarter for treating hyperthyroidism. Patient procedures were performed Monday through Friday. The licensee obtained unit doses from an area nuclear pharmacy and did not use bulk doses or molybdenum/technetium generators.

PERFORMANCE OBSERVATIONS

Interviews of available staff revealed an adequate level of understanding of emergency and material handling procedures and techniques. The technologist demonstrated or described incoming package survey and receipt procedures, dose calibrator constancy checks, dose preparation, daily surveys, and waste handling and disposal procedures. The inspectors confirmed that these activities were routinely and successfully completed by reviewing selected records since the previous inspection. A contract physicist performed quarterly program audits that were adequate to oversee the program.

Licensed material was adequately labeled, secured, and not readily accessible to the general public. The licensee possessed properly calibrated equipment to determine dosages of licensed material as well as a radiation survey meter that was calibrated, operational, and performed comparably to an NRC survey meter.

The inspectors reviewed the written directives and supporting documentation for all of the I-131 administrations since the previous inspection. The administrations were completed in accordance with regulatory requirements and the licensee's procedures. Additionally, the licensee's staff was familiar with the definition of a medical event. A records review identified that the highest annual whole body and extremity doses recorded since the last inspection were 215 millirem and 2456 millirem, respectively. No violations were identified during this inspection.